



# ACT

American College  
of Toxicology

## Request for Education Access

Applications for ACT educational support will be reviewed periodically and should be sent to ACT Headquarters ([acthq@actox.org](mailto:acthq@actox.org)). ACT strives to provide feedback on requests within a month of the submission deadline. Please complete all fields.

**Full name:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Current position or level of education:** \_\_\_\_\_

**Contact information (Phone and email address):** \_\_\_\_\_

**Country of residence:** \_\_\_\_\_ **Current ACT member?** Yes No

**Describe the type of education being requested (e.g., eLearning module, past Annual Meeting Continuing Education course, classroom course, webinar, etc.):**

**Describe how this education will be relevant to your research:**

**Describe justification for your education access request:**

**Indicate how much financial support is being requested (i.e., full support (you will not provide funds) or partial support [you will be able to provide some funds]):**